

September 19, 2016



**CERTIFIED MAIL 7014 0510 0002 1529 2133**  
**RETURN RECEIPT REQUESTED**

Asbestos/NESHAPS Notification  
U.S. Environmental Protection Agency – Region 2  
Division of Enforcement and Compliance Assistance  
Air Compliance Branch (DECA-ACB)  
290 Broadway, 21<sup>st</sup> Floor  
New York, NY 10007-1866

ATTN: Asbestos Section, Victor Tu

Re: Notification of Demolition and Renovation  
40 CFR 61.145(b)

Dear Mr. Tu:

In accordance with the above referenced regulation, attached please find an asbestos renovation and demolition notification for activities involving the removal of greater than 160 square feet of asbestos containing material from Building 80K at the Merck Sharp & Dohme Corp., Rahway, NJ site. As per 40 CFR 61.145 (b)(3)(i), notification is required 10 working days before asbestos removal and demolition begins. This notification and completion of the attached form is being submitted to meet this requirement.

Please contact Ms. Kathi Bragdon at (732) 594-7558 if you have any questions or need additional information.

Sincerely,

  
Sandra Schenk

Attachments

cc: Certified Mail **7014 0510 0002 1529 2140**  
NJ Dept. of Health and Senior Services  
Consumer and Env & Occ Health Services  
135 E. State St.  
P.O. Box 369  
Trenton, New Jersey 08625  
ATTN: Jim Vermeychuk  
(As required by N.J.A.C. 8:60-7.2)


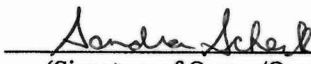
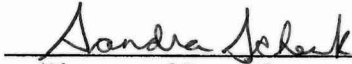
Certified Mail **7014 0510 0002 1529 2157**  
NJ Dept. of Labor  
Division of Public Safety & Occupational  
Safety & Health  
Asbestos Control & Licensing Section  
1 John Fitch Plaza, 3<sup>rd</sup> Floor  
P. O. Box 949  
Trenton, New Jersey 08625-0949  
(As required by N.J.A.C. 12:120-7.2a)

## NOTIFICATION OF DEMOLITION AND RENOVATION

<b>DATE (mo/day/yr):</b> September 16, 2016						
<b>I. FACILITY INFORMATION</b> (Identify owner, removal contractor, and other operator)						
<b>AGENCIES NOTIFIED:</b> (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA						
<b>OWNER:</b> MERCK SHARP & DOHME CORP.						
<b>Address:</b> 126 EAST LINCOLN AVENUE, P.O. Box 2000, RY28-414						
<b>City:</b> RAHWAY		<b>State:</b> NJ		<b>Zip:</b> 07065		
<b>Contact:</b> Sandra Schenk				<b>Tel:</b> (732) 594-7746		
<b>II. REMOVAL CONTRACTOR:</b> PAR Environmental Corporation						
<b>License Number:</b> 01101						
<b>Address:</b> 313 Spook Rock Road						
<b>City:</b> Suffern		<b>State:</b> New York		<b>Zip:</b> 10901		
<b>Contact:</b> Gabe Quinones				<b>Tel:</b> (215) 365-5810		
<b>OTHER OPERATOR:</b>						
<b>Address:</b>						
<b>City:</b>		<b>State:</b>		<b>Zip:</b>		
<b>Contact:</b>				<b>Tel:</b>		
<b>III. TYPE OF NOTIFICATION</b> (O = Original/R = Revised/C = Cancelled): <b>Original</b>						
<b>IV. TYPE OF OPERATION</b> (D = Demolition/R = Renovation/O = Ordered Demo/E = Emergency Renovation): ( R ) Large [>160 SF or >260 LF] ( ) Small [< 160, > 25 SF or <260, >10 LF] ( ) Minor [<25 SF or <10 LF] ( R ) Full Containment / Neg. Press. ( ) Mini-Enclosure ( ) Glovebag Procedure						
<b>V. IS ASBESTOS PRESENT?</b> YES (Yes/No)						
<b>VI. FACILITY DESCRIPTION</b> Building 80K – one story building						
<b>Occupancy Status During Abatement</b> ( ) Facility Closed/Vacated (X) Abatement Performed Outside of Normal Hours						
<b>Describe:</b> Building 80K - Asbestos mastic						
<b>Address:</b> SAME AS ABOVE						
<b>City:</b>		<b>State:</b>		<b>County:</b> UNION		
<b>Site location:</b>						
<b>Building size</b>	<b>Sq. Meter:</b>	<b>Sq. Ft:</b> 13,900	<b># of Floors:</b> 1	<b>Age in Years:</b> 52		
<b>Present Use:</b> Office			<b>Prior Use:</b> Office			
<b>VII. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> The Asbestos present at the site was identified with the procedures described in 40 CFR 763.						
<b>VIII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.</b>						
					Non-friable	
					Asbestos <u>Not</u>	
					to Be Removed	
					Cat I	Cat II
	RACM To Be Removed	Description	Type (Rem/Rep/ Encap/Enclose)	Custodial Use? (Y/N)		
Surface Area – Square Feet	2,500 sf	Mastic	Removal	Yes	N/A	N/A
<b>IX. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)</b>			<b>Start:</b> <b>Completion:</b> 10/7/2016      10/10/2016			
<b>X. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)</b>			<b>Renovation- Start:</b> <b>Completion:</b> N/A			
<b>Xa. DATE AND TIME OF DISPOSAL</b> (Quantity of waste to be disposed is the same as RACM to be removed as indicated in VIII)			<b>Date:</b> on or after 10/7/2016 <b>Time:</b> Between 7:00am & 12:00am			

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Removal of floor tile, mastic and file cabinets to clean out vacant building		
<b>XII. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:</b>		
Qualified contractors will perform all the work. All remediation work will be in accordance with 40 CFR 61.140-61.156 and NJ waste management handling and disposal requirements including wet removal.		
<b>XIII. MONITORING FIRM</b>		ASCM No: 00104
Name: Environmental Health Investigations, Inc.		OSHA Monitor: AmeriSci Laboratories Inc.
Address: 655 West Shore Trail		License No: 11480
City: Sparta, NJ 07871		State: NJ
Contact Person: William S. Kerbel, CIH		Tel: (973) 729-5649
<b>XIV. WASTE TRANSPORTER #1</b>		
Name: Freehold Cartage, Inc.		NJDEP Registration No.: 15939
		(Required by N.J.A.C. 8:60-7.2(b)(8) & 12:120-7.2(b)(8))
Address: 825 Highway 33		
City: Freehold	State: New Jersey	Zip: 07728-5010
Contact Person: Kenneth Reeves		Tel: (732) 462-1001 x 7220
<b>XV. WASTE DISPOSAL SITE #1</b>		
Name: Lycoming County Resource Management Services		
Address: 447 Alexander Drive / Route 15		
City: Montgomery	State: PA	Zip: 17752
Telephone: (800) 326-9571		
<b>WASTE DISPOSAL SITE #2</b>		
Name:		
Address:		
City:	State:	Zip:
Telephone:		
<b>XVI. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW</b>		
Name: NOT APPLICABLE		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVII. FOR EMERGENCY RENOVATIONS</b>		
Date and Hour of Emergency.(MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:		
<b>XVIII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.</b>		
All work will cease until analysis has been completed and impact assessed. In case of crumbling, HEPA vacuum cleaning followed by wet wiping will be performed.		

**NOTIFICATION OF DEMOLITION AND RENOVATION (Continued)**

<b>XIX. Form Completed By</b>		
<u>Peter Ostertag – Project Manager</u> (Printed Name & Title)	 (Signature of Preparer)	<u>9/16/2016</u> (Date)
<b>XX. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.</b> (Required 1 year after promulgation)		
	 (Signature of Owner/Operator)	<u>9/19/2016</u> (Date)
<b>XXI. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>		
	 (Signature of Owner/Operator)	<u>9/19/2016</u> (Date)